DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMAGE PRINTING SYSTE	M USING CE	LLULAR PHONE WITH	CAMERA		
the application of which is attached hereto	OR	☐ was filed on	onal Applicati), ar	on Number	
I hereby state that I have reviewed and by any amendment specifically referred	understand the co to above.	ntents of the above identified	application, i	including the clai	ms, as amended
I acknowledge the duty to disclose a continuation-in-part application(s), mat the national or PCT international filing	erial information v	which became available between	as defined en the filing	in 37 CFR 1.56 date of the prior	5, including for application and
I hereby claim foreign priority benefits or plant breeder's rights certificate(s), of than the United States of America, liste patent, inventor's or plant breeder's right application on which priority is claimed	or 365(a) of any P ed below and have its certificate(s), or	CT international application(se also identified below, by ch	 which designed becking the be 	gnated at least or ox, any foreign a	ne country other
Prior Foreign Application Number(s)	Count	ry Foreign Filir	ng Date	Priority Claimed Yes No	
283086/2002	Japaı	<u>27/9/200</u>)2	X	
I hereby claim domestic priority benefit. States provisional application(s), or §36 insofar as the subject matter of each International application in the manner to disclose any information material to filing date of the prior application and the	of the claims of the claims of the claims of provided by the firther patentability on the pational or PCT	International application(s) de this application is not disclorst paragraph of Title 35, Unit of this application as defined it	signating the osed in a list ed States Cod n 37 C.F.R. I	United States, lited prior United le. \$112 Lacknow	sted below and, States or PCT
Prior U.S. or International Application Number(s)		U.S. or International Filing Date		Status	

I hereby appoint all attorneys of SUGHRUE MION, PLLC who are listed under the USPTO Customer Number shown below as my attorneys to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith, recognizing that the specific attorneys listed under that Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC, and request that all correspondence about the application be addressed to the address filed under the same USPTO Customer Number.

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PATENT TRADEMARK OFFICE

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:							
Given Name (first and middle [if any]) YUSAKU Family Name or Surname MORISHITA							
Inventor's Signature	saker morshite	r	Date	June 23, 2003			
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NAME OF SECOND INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature			Date				
Residence: City	State	Country Citizenship		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF THIRD INVENTOR:	· 						
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature			Date				
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FOURTH INVENTOR:							
Given Name (first and middle [if any])		Family Name or Surname					
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			
NAME OF FIFTH INVENTOR:							
Given Name (first and middle [if any])	Family Name or Surname						
Inventor's Signature		Date					
Residence: City	State	Country		Citizenship			
Mailing Address:							
City	State	Zip		Country			